

## Entering COVID PCR labs into NC COVID

When you are working paper labs for COVID events, here are some tips for data entry using the following FAKE lab as an example.

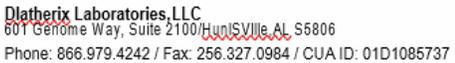
Immediate Pathogen Reporting Patient Information	
This document contains patient and client information for a patient that has been tested for COVID-19.	
Client Information	
Client Name: WakeMed Cary	Client Code:
Client's Address: 1900 Kildare Farm Rd	Phone: 919-555-6000
Client City: Raleigh	State: NC
Patient Information	
Diatherix Laboratories accession number: 1219641971	
Patient's Name: Test Person	
Patient City: Raleigh	Patient State: NC
Patient Address: 225 N McDowell St	
Patient DOB: 1/01/1960	Patient Phone: 919-546-6000

Ensure you search for the person multiple ways, including full & partial name, date of birth, phone number to be sure you don't enter a duplicate person.

Date of Report to Public Health

Adm1n1strator DIATHERIXffi-3 (3/31 04/08/2020 11:36:53 AM -0500)



**LABORATORY REPORT**


PATIENT:	ORDERING PHYSICIAN:				
Test Person ID: 677890 Gender: M Age: 60 DOB: 1/1/60	Name: Dr Who Phone: 919-555-6000				
SPECIMEN:	CLIENT:				
Source: Nasopharyngeal Collected: 4/1/2020 Specimen ID: Received: 4/2/2020 Accession ID: 3847784739 Reported: 4/2/2020	Name: WakeMed Cary Address: 1900 KILDAIRE FARM RD. CARY, NC, 27511				
RESULTS					
SARS-CoV-2 SARS-CoV-2 LDT has been validated by our laboratory. FDA independent review of this validation is pending.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">DETECTED</th> <th style="width: 50%;">NOT DETECTED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>	DETECTED	NOT DETECTED	X	
DETECTED	NOT DETECTED				
X					

Review the lab form to make sure you know where everything is. Most fields can be entered when you enter the lab results.

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SPECIMEN	
Source: Nasopharyngeal	Collected: 4/1/2020
Specimen ID:	Received: 4/2/2020
Accession ID: 3847784739	Reported: 4/2/2020

### NC COVID:

Specimen Info			
Specimen Date* 04/01/2020	Specimen Number 3847784739	Specimen Type* Nasopharyngeal swab	
Specimen Collection Volume	Specimen Collection Volume Units	Specimen Source Site*	Specimen Received Date 04/02/2020
Report Status	Report Change Date MM/DD/YYYY	Date sent to eHARS	

SPECIMEN	CLIENT
Source: Nasopharyngeal	Name
Specimen ID:	Address
Accession ID: 3847784739	CITY
Collected: 4/1/2020	
Received: 4/2/2020	
Reported: 4/2/2020	

**SARS-CoV-2** **DETECTED** X

SARS-CoV-2 LDT has been validated by our laboratory. FDA independent review of this validation is pending.

Tests	
Test* 2019-nCoV RNA XXX NAA+probe-imp    2019 N	Result Detected
2019-nCoV RNA XXX NAA+probe-imp    2019 Novel Coronavirus RNA : Probe.amp.tar SARS coronavirus 2 E gene XXX Qn NAA+probe    SARS coronavirus 2 E gene: Probe.amp.tar SARS coronavirus 2 ORF1ab region XXX Qn NAA+probe    SARS coronavirus 2 ORF1ab region: Probe.amp.tar SARS coronavirus 2 RNA Resp QI NAA+probe    SARS coronavirus 2 RNA: Probe.amp.tar SARS-CoV-2 N gene XXX QI NAA+probe	

### NCEDSS:

Tests		
Test* 2019-nCoV RNA XXX NAA+probe-imp    2019 N	Result Detected	
Result Value	Result Units	Ref Range
Test Local Desc SARS-COV-2 LDT	Test Local Code	Result Status
Result Local Desc	Result Local Code	
Comments	Nucleotide Sequence	Result Date 04/02/2020

1. If the test is not specifically listed, select the first test in the list, which is an overall unspecific test type

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2. If there are test type specifics, like on this one, you can list them in the Test Local Desc field

**RY REPORT** Diatherix Laboratories, LLC  
601 Genome Way, Suite 2100, Huntsville, AL 35806  
Phone: 866.979.4242 / Fax: 256.327.0984 / CUA ID: 01D1085737

ORDERING PHYSICIAN:	
Name:	Dr Who
Phone:	919-555-6000

CLIENT:	
Name:	WakeMed Cary
Address:	1900 KILDAIRE FARM RD. CARY, NC, 27511

### NC COVID:

Lab Facility	
Lab Facility	Diatherix Laboratories, Inc (Kettering, OH) - 3534
Lab Facility (Other)	
CLIA	

Ordering Facility	
Ordering Facility	WAKEMED CARY HOSPITAL, 1900 KILDAIRE F
Ordering Facility (Other)	
CLIA	

Ordering Provider	
Name	Dr Who
Address	1900 Kildare St
City	Cary
State	NC
Zip	
Phone / Order Callback Number	919-555-6000

The more information you include, the better to be able to locate the patient information

PATIENT:		
Test Person		ID: 677890
Gender: M	Age: 60	DOB: 1/1/60

### NC COVID:

Medical Record Number	677890
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Generally, if there is an ID, this is the medical record number for the ordering facility which can help the locate the patient information if a call is made to the provider.

When you are finished entering the Lab Results, you must go to the Administrative package and complete the Disease Report Information and the Investigation Trail.

The Date of Report to Public Health is the Date the paper lab was received (usually the faxed date at the top of the page (see above)

Disease Report Information	
<b>Initial Source of Report to Public Health</b>	Laboratory ▼
Laboratory name	Diatherix Laboratories, Inc (Kettering, OH) - 353t ▼
<b>Date of Initial Report to Public Health (Required)</b>	04/08/2020
<b>Initial method of report</b>	Paper lab report ▼

If the lab name is not in the dropdown list, select zz\_other and write the name in

Disease Report Information	
<b>Initial Source of Report to Public Health</b>	Laboratory ▼
Laboratory name	zz_Other ▼
If other, specify	<input type="text"/>
<b>Date of Initial Report to Public Health (Required)</b>	04/08/2020
<b>Initial method of report</b>	Paper lab report ▼

In the Investigation Trail, the LHD (you) owns the first block because the LHD is entering the initial information. Since this is a positive PCR, please assign as confirmed. You only need to enter your name and phone when you are ready to assign the event to the State.

Investigation Trail: Add a new entry for each group to which the event transfers during the investigation		
<b>Date Assigned-Reassigned</b>	04/08/2020 <a href="#">Add New</a>	
<b>Group:</b> (You cannot change your group selection unless you clear this entry by erasing the Date Assigned)	Wake CD	<b>Local patient identifier</b> <input type="text"/>
* Select the reason for the assignment/reassignment	Original/Initial Assignment ▼	
<b>Authorized Reporter</b>	<input type="text"/>	<b>Phone number</b> <input type="text"/>
Classification status	Confirmed ▼	
Notes	<input style="width: 100%; height: 50px;" type="text"/>	